

Food Safety & Consumer Division - Pesticide Management
Phone (334) 240-7240 or 240-7243 Fax (334) 240-7168

**APPLICATION FOR
COMMERCIAL PESTICIDE APPLICATOR PERMIT**

FOR: ☐ **FIRST** Permit. ☐ **RENEWAL/Expired.** ☐ **ADD ON** Category. **PERMIT #** _____ **EXPIRATION DATE:** _____

I understand and will comply with the provisions of the below laws and rules, as well as product label instructions. Further I understand that any violation of the laws, rules, or label instructions constitutes grounds for suspension or revocation of the permit and other penalties.

Legal Name _____ SSN _____
Home Address _____ City _____ County _____ State _____ Zip _____
PO Box _____ City _____ State _____ Zip _____ Phone _____
Employer _____ Phone _____
Address _____ City _____ State _____ Zip _____
PO Box _____ City _____ State _____ Zip _____

I hereby apply for a permit as a Commercial Pesticide Applicator to purchase and use pesticides Pursuant to CHAPTER 27, TITLE 2, CODE OF ALABAMA (1975) and CHAPTER 80-1-13, ALABAMA ADMINISTRATIVE CODE.

Date Passed Exam Certification Requested in Category(ies):

____/____/____	Agricultural Animal Pest Control (AA)	<input type="checkbox"/>
____/____/____	Agricultural Plant Pest Control (AP)	<input type="checkbox"/>
____/____/____	Aerial Equipment (AIR)	<input type="checkbox"/>
____/____/____	Ground Equipment (GRND)	<input type="checkbox"/>
____/____/____	Aquatic Pest Control (AQ)	<input type="checkbox"/>
____/____/____	Biocides (BIO)	<input type="checkbox"/>
____/____/____	Demonstration & Research (D&R)	<input type="checkbox"/>
____/____/____	Forest Pest Control (FOR)	<input type="checkbox"/>
____/____/____	Public Health Pest Control (PH)	<input type="checkbox"/>
____/____/____	Metam Sewer (MS)	<input type="checkbox"/>
____/____/____	Regulatory (REG)	<input type="checkbox"/>
____/____/____	Right-of-Way Pest Control (ROW)	<input type="checkbox"/>
____/____/____	Seed Treatment (ST)	<input type="checkbox"/>
____/____/____	Tributyltin (TBT)	<input type="checkbox"/>
____/____/____	Wood Treatment (WT)	<input type="checkbox"/>
____/____/____	Ag. Commodity Fumigation (ACF)	<input type="checkbox"/>

I hereby apply for a permit as a Commercial Pesticide Applicator to purchase and use pesticides Pursuant to CHAPTER 28, TITLE 2, CODE OF ALABAMA (1975) and CHAPTER 80-10-9, ALABAMA ADMINISTRATIVE CODE.

Date Passed Exam Certification Requested in Category(ies):

____/____/____	Household Pest Control (HPC)	<input type="checkbox"/>
____/____/____	Wood Destroying Organisms (WDC)	<input type="checkbox"/>
____/____/____	Fumigation Pest Control (FC)	<input type="checkbox"/>
____/____/____	Ornamental & Turf Pest Control/ Supervisor (OTPS)	<input type="checkbox"/>
____/____/____	Household Pest Control (HPB)	<input type="checkbox"/>
____/____/____	Wood Destroying Organisms (WDS)	<input type="checkbox"/>
____/____/____	Fumigation Pest Control (FB)	<input type="checkbox"/>

CUSTODIAL CATEGORIES:

____/____/____	Ornamental & Truf/CUSTODIAL (OTPC)	<input type="checkbox"/>
____/____/____	Industrial, Institutional & Health- Related/CUSTODIAL (IIHC)	<input type="checkbox"/>

PERMIT FEE

\$45.00 FOR EACH CATEGORY MUST ACCOMPANY THIS APPLICATION. PLEASE MAKE CHECK PAYABLE TO:

AL DEPT OF AGRICULTURE & INDUSTRIES

RETURN TO: **FAYE GOLDEN, UNIT MANAGER**
DEPARTMENT OF AGRICULTURE & INDUSTRIES
P.O. BOX 3336
MONTGOMERY, AL 36109-0336

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

Certification Permit No. _____
Expiration Date: _____

Amount Paid: _____ Check # _____
Date Issued: _____